

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD

PM 1:17:09  
2009 JAN 20 PM 2:22

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Smith for Supervisor

**IMPORTANT:** Indicate by # type of committee you are reporting for: ☐

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Jackie Smith

Political Party (if applicable)

Democrat

Office Sought

County Supervisor

District (if Senate or House)

**FORM  
DR-2**

(Rev. 07/2007)

**DISCLOSURE  
REPORT**

**For Office Use Only**

Comm. #

18237

Logged In

S

Scanned

Computer

SM

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

[Signature]  
**SIGNATURE OF PERSON FILING REPORT**

712-223-1429  
**TELEPHONE**

01.14.09  
**DATE SIGNED**

I AM FILING A \_\_\_\_\_ REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by # ☐

☒ CHECK IF AMENDMENT TO REPORT DATED 7/17/08

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

WOODBURY

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 1275<sup>30</sup>

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL**

2843<sup>30</sup>

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

744<sup>10</sup>

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

2099<sup>20</sup>

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

384<sup>78</sup>

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

YES NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

SCHEDULE	
<b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith for Supervisor

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5/20/08	ID# CK#	Kim Vermilyea 507 Baywood Ct Sgt Bluff IA 51054		\$ 30 <sup>00</sup>	<input type="checkbox"/>
5/29/08	ID# CK#	Lynde Billars 4217 Thornwood Pl Sioux Falls SD 57103		50 <sup>00</sup>	<input type="checkbox"/>
5/30/08	ID# CK#	Floyd Lee 1608 Casselmont Sioux City IA 51103		5 <sup>00</sup>	<input type="checkbox"/>
6/2/08	ID# CK#	James Marshall 2300 Indian Hills Bldg 3-127 Sioux City IA 51104		75 <sup>00</sup>	<input type="checkbox"/>
6/5/08	ID# CK#	Unspecified Cash Contributions		125 <sup>00</sup>	<input checked="" type="checkbox"/>
6/7/08	ID# CK#	Marlin Jeffers 18022 Grover St Omaha NE 68130		5 <sup>00</sup>	<input type="checkbox"/>
6/9/08	ID# CK#	Greg Halbur 2331 Mohawk Ct. Sioux City IA 51104		30 <sup>00</sup>	<input checked="" type="checkbox"/>
6/9/08	ID# CK#	Nicole Stabile 2327 Mohawk Ct. Sioux City IA 51104		20 <sup>00</sup>	<input checked="" type="checkbox"/>
6/9/08	ID# CK#	Unspecified Cash Contributions		15 <sup>00</sup>	<input checked="" type="checkbox"/>
6/18/08	ID# CK#	Unspecified Cash Contributions		120 <sup>00</sup>	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 475<sup>00</sup>

TOTAL (If last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

For Instructions, See Back of Form

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SCHEDULE	
<b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith for Supervisor

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6/18/08	ID# CK#	John Devereaux 263 Mareton Bay Lane #4 Soledad Valley CA 93117		\$40 <sup>00</sup>	<input type="checkbox"/>
2	ID# CK#	Sharon Boyson 4205 E. 36th St. Sioux Falls SD 57403		40 <sup>00</sup>	<input type="checkbox"/>
6/20/08	ID# CK#	Unspec. Fund Cash Contribution		75 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#	Kevin Beauvais 47 2nd St. Sioux City IA 51104		20 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#	Kim Ross-Mosson 3733 Lindenwood Sioux City IA 51104		20 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#	Marcie Poole 23 Ridgeway Rd Sioux City IA 51104		25 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#	Anne Cowley 413 Eston Ct. Sioux City IA 51104		25 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#	Roger Wehdt 2313 Seneca Way Sioux City IA 51104		50 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#	John Lee 2300 Seneca Way Sioux City IA 51104		10 <sup>00</sup>	<input type="checkbox"/>
6/20/08	ID# CK#	Sheryl Flemming 2221 Viking Dr. Sioux City IA 51104		10 <sup>00</sup>	<input type="checkbox"/>
SUB-TOTAL				\$315 <sup>00</sup>	
TOTAL (If last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith for Supervisor

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
6/20/08	ID# CK#	Jon Ryan 3736 Mohave Dr. Sioux City IA 51104		\$ 10.00	<input type="checkbox"/>
2	ID# CK#	Tom Cronig 5921 Four Seasons Dr. Sioux City IA 51104		50.00	<input type="checkbox"/>
	ID# CK#	Cynthia Bennett 2501 Apple Sioux City IA 51104		50.00	<input type="checkbox"/>
	ID# CK#	Jo Leav 3531 Idlewood Sioux City IA 51104		50.00	<input type="checkbox"/>
6/20/08	ID# CK#	Julien Berens 3341 Concordia Dr Sioux City IA 51104		25.00	<input type="checkbox"/>
6/22/08	ID# CK#	Unspecified Cash Contributions		235.00	<input checked="" type="checkbox"/>
	ID# CK#	Vince Cox 3900 Kater Ct. Sioux City IA 51106		50.00	<input type="checkbox"/>
	ID# CK#	Jackie Wernst 4628 Central Ave Sioux City IA 51108		25.00	<input type="checkbox"/>
	ID# CK#	Cheri Limoges 3701 E. Peony Lane Sioux Falls SD 57103	Sister -IN-LAW	50.00	<input type="checkbox"/>
	ID# CK#	Margo EL-Zein Sioux City IA 51104		20.00	<input type="checkbox"/>

SUB-TOTAL

\$ 565.00  
\$

TOTAL (If last page of this schedule)

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(for Schedule A)

For Instructions, See Back of Form

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SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith for Supervisor

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
6/22/08	ID# CK#	Diane Fleming 4550 Country Club Blvd Scout City IA 51104		\$25 <sup>00</sup>	<input type="checkbox"/>
2	ID# CK#	Jody Johnson 5207 Wellington Scout City IA 51106		50 <sup>00</sup>	<input type="checkbox"/>
2	ID# CK#	Sandy Shroll 207 Rudy Ct.	Sister-in-law	25 <sup>00</sup>	<input type="checkbox"/>
6/24/08	ID# CK#	Unspecified Cash Contributions		15 <sup>00</sup>	<input checked="" type="checkbox"/>
5/16/08	ID# CK#	Brenda Casey 2505 Costello Rd Slaters SD 57105		20 <sup>00</sup>	<input type="checkbox"/>
2	ID# CK#	Paula Brown 1020 Hwy 71 Okoboji IA 51355		60 <sup>00</sup>	<input type="checkbox"/>
5/16/08	ID# CK#	Denise Hunter 2090 Roundtable Rd Sgt Bluff IA 51054		18 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$213<sup>00</sup>  
\$1568<sup>03</sup>

TOTAL (If last page of this schedule)

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Page 4 of 4  
(for Schedule A)

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF AMENDING FORM</b>	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Smith for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6/9/08	ID# CK#	Record Printing Sioux City IA	Campaign literature printing	\$ 703 <sup>10</sup>
6/27/08	ID# CK#	Pay Pal Internet	Clip art download	1 <sup>00</sup>
6/27/08	ID# CK#	Jitters Sioux City IA	Coaston for Pancake breakfast	40 <sup>00</sup>
	ID# CK#	Demel Strong		
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 744 <sup>10</sup>
TOTAL (if last page of this schedule)				\$ 744 <sup>10</sup>

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(I).)

Page 1 of 1

(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith For Supervisor

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF  
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
6/5/08	Mark Taylor 3039 Milwaukee Denver CO		Website design	\$ 300 <sup>00</sup>	<input type="checkbox"/>
6/22/08	Jackie Smith Sioux City IA	Candidate	magnetec ads for vehicle	57 <sup>78</sup>	<input type="checkbox"/>
6/22/08	Jackie Smith Sioux City IA	Candidate	Postage Stamps	27 <sup>00</sup>	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

TOTAL (If last  
page of this  
schedule)

\$

Page 1 of 1  
(for Schedule E)

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.